

RFP ATTACHMENT II: CITY'S ADMINISTRATIVE REQUIREMENTS

- The City can only do business with Contractors that have fulfilled the City's requirements.
- The City highly recommends that Proposers/Respondents at the time of proposal/response submission fulfill the administrative requirements for doing business with the City.
- Fulfillment of the City's administrative requirements is defined as completion and approval by applicable City agencies of the attached Vendor Profile Application form, a completed and signed I.R.S. W-9 form; and a copy of required certificates of insurance.
- To help us help you, please send all of these forms directly to the Contact below. The Contact will inform your firm if it needs to complete documentation requirements directly with an agency.

HOW TO RESPOND TO THIS ATTACHMENT

Completion and submission of the vendor requirements outlined in bullet point 3 above is recommended but not required to prevent delays to the overall project timeline. The City cannot do business with any vendor that by contract award, fails to meet all requirements. Even if your firm is selected for contract negotiations and completes the scope of work portion of negotiations, the City cannot execute a contract and begin work if there are outstanding compliance requirements such as the City's Livable Wage ordinance or the City's insurance requirements. We attempt to prevent those types of delays by providing as much advance notice of vendor requirements as possible.

A. **IRS Form W-9** – Establishes federal and state tax status. Form available at: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

B. **INSURANCE:** Fulfillment of the City's insurance requirements is **not required as part of your proposal/response**. However, fulfillment prior to contract award is required. The City is self-insured, so it will need to be added to a contractor's General Liability and Auto Liability policies as an additional insured. The City needs a formal endorsement showing that the primary insured's policies have been amended to specifically add "the City of Burlington, its officers, agents and employees" as an additional insured. The General and Auto Liability policy number(s) should appear on the endorsement. Additional insurance requirements will be defined in the Service Agreement with the Selected Auditor.

C. **LIVABLE WAGE ORDINANCE:** Defined in the Citywide Independent Audit RFP. For more information, see: www.ci.burlington.vt.us/citycouncil/agendas/20091005/Livable%20Wage%20Calculation%20Review.pdf

CONTACT: Contact Rich Goodwin, Assistant Chief Administrative Officer for Finance and Administration rgoodwin@ci.burlington.vt.us or at (802) 865-7013 for information and assistance on meeting these requirements.

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Vendor Profile Application (establishes basic vendor information)

Date: _____

1. Vendor Information

Vendor Name: _____

Website: _____

Primary Contact Name: _____

Contact's Title: _____

Phone Number: _____

Toll Free Number: _____

Fax Number: _____

Email Address: _____

2. Vendor Business Address(es)

General Business Address (Street/City/State/ZIP) _____

Bid Address (if different from General) _____

Purchase Order Address (if different) _____

Payment/Remittance Address (if different) _____

3. You must attach a complete & signed IRS W-9 form.

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4. You must attach copies of certificates of insurance.

5. Is any owner, partner, contractor, employee or employee family member of this vendor also a current or former City employee? (Circle One)

No

Yes: Please explain the relationship of the current or former City employee to this vendor.

6.a. Who is making this request?

Requester's Name: _____

Requester's Phone Number: _____

Requester's Email Address: _____

7.b. Requester's relationship to Vendor (please check one):

_____ Owner/Partner (specify job title: _____)

_____ Vendor representative (i.e. CFO, Executive Director, Manager, etc. – specify job title: _____)

_____ Other (Explain: _____)

7. Completing and Returning Application

Name of Person Completing Form: _____

Title: _____

Handwritten Signature: _____

Date: _____